UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

WILLARD L. SLOAN, EUGENE J. WINNINGHAM, and JAMES L. KELLEY, on behalf of themselves and a similarly situated class,

Plaintiffs,

Case No. 09-cv-10918 Hon. Paul D. Borman Magistrate Mona K. Majzoub

Class Action

v.

BORGWARNER, INC., BORGWARNER FLEXIBLE BENEFITS PLANS and BORGWARNER DIVERSIFIED TRANSMISSION PRODUCTS, INC.,

Defendants.

EXHIBIT 7

TO

PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT AS TO LIABILITY

Turczynowsky; George (Corp HQ)

From:

Turczynowsky, George (Corp HQ)

Sent:

Monday, November 01, 2004 12:39 PM

To:

Jerome P 390 Arquette (E-mail)

Cc:

Perry, Nancy (Corp HQ); Paxson, Pamela (Corp HQ); Bowles, Laura (Muncie)

Subject:

FW:2005 Muncie Hourly Deductibles/Stop-Loss (# 72973)

Follow Up Flag: Flag Status:

Follow up Flagged

Jerry -

Please consider this your authorization to adjust Deductibles and Stop-Loss amounts for active employees and certain retirees in accordance with the attached grids effective 1/1/05. Also, note Laura's comment Re: preventive care under MOA2M that should be payable at 80%.

Thanks, George Turczynowsky Director, Benefits BorgWarner Inc.

----Original Message-----

From:

Bowles, Laura (Munde)

Sent:

Wednesday, October 20, 2004 1:17 PM

To:

Turczynowsky, George (Corp HQ); Perry, Nancy (Corp HQ)

Cc:

Banton, Bill (Muncie); Stair, Connie (Muncie)

Subject:

05 Hourly Deductibles

George,

Here is the updated spreadsheet for 2005 changes to the original hourly plans. MPPO7 should also have the same deductible changes as MPPO1. Also, please note that under MOA2M the preventive care is 80%. It was wrong on the spreadsheet from 04.

Let me know if you have questions.

Thanks, Laura



2002 Health Plan Info.xls

Laura Bowles

(765) 286-6286

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	Active MPPO1	Active MOOA1	Pre-Medicare	Pre-Medicare
	Live In-Area	Live Out-of-Area®	MPP02	MPPO3
Date of Eligibility	Hired before 3/12/01 Hired before 3/12/01	Hired before 3/12/01	Retired before 10/1/86 Retired between Retired before 12/1/89 12/1/89 - 12/31/92	Retired between 12/1/89 - 12/31/92
Deductible				
In-Network	\$235 ind/\$705 fam	\$235 ind/\$705 fam	\$125/person	\$200/person
Out-of-Network ²	\$470 ind/\$1410 fam	N/A	NA	NA
Stop Loss				
In-Network	\$1132 ind/\$2264 fam	\$1132 ind/\$2264 fam	\$300 ind/\$600 fam	\$600 ind/\$1200 fam
Out-of-Network ²	\$2264 ind/\$4528 fam	NA	NA	N/A
In-Patient Hospital				
In-Network	%06	%06	%06	%06
Out-of-Network ²	80%	N/A	NA	N/A
Outpatient/Surgery/X-Ray/Lab				
In-Network	100%	100%	100%	100%
Out-of-Network ²	80%	N/A	N/A	NA
Misc. Major Medical				
in-Network	80%	80%	%08	80%
Out-of-Network ²	402	NIA	NA	NA
Primary Care ⁵	%06	N/A	2%06	2%06
Preventive (Wellness)	100% In-network anly	NA	NA	N/A
Prescription				
Retail (Generic/Brand)	\$7/\$12	\$7/\$12	\$2/\$3*	\$4/\$7
Mail Order (Generic/Brand)	\$5/\$7	25/87	\$2/\$2*	\$2/\$2
INTRACORP	Yes	Yes	Yes	Yes
EAP	Yes	Yes	Yes	Yes
Dental/Vision/Hearing	Alf	All*	Vision Only⁴	Vision Only ⁴
1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulance/Base, then Maj.Med., Medical Supplies, Oxygen, Podartist, Private Duty Nurse, Chiropatic, and Office eVisits.	ledical = PT-Retiree Only, A	Ambulance/Base, then Ma	J.Med., Medical Supplies, C	Xygen, Podiatrist, Private
2. Out-of-Netowrk disincentives appy to MD's specialist and hospitals ont part of Select Circle	alist and hospitals ont part of S	elect Circle		
3. No PPO benefits or disincentives apply to Medicare participants - BR 70,71, or 72 4. Bonefits come on these bonefits contracts 13,003	are participants - BR 70,71, or '	22		
5. After deductible: - Office visits for PCP paid at 90%, - PCP includes family practitioners, internists, pediatrics and OB/GYN (in-netowrk only), - All other services (X-lay, surfer) in PCP office paid at 100%.	1% PCP includes family pract	itoners, intemists, pediatrics a	and OB/GYN (in-netowrk only),	- All other services (X-
6. Deductibles/Stop-loss indexed 5% each year through 2006 for in/out of netowrk.	ough 2006 for in/out of netowrk.	-		
7. Primary Care Benefit ceases when ee becomes eligible for Medicane.	eligible for Medicare.			
* \$3 Brand \$2 Generic and \$2 Mail Order applies to retirees prior to 10/1/86	retirees prior to 10/1/86			
** \$4 Abrand/\$2 Generic and \$2 Mail Order applies to retires after 10/1/86 and before 12/1/89	to retires after 10/1/86 and bef	ore 12/1/89		

2005 MUNCIE HOURLY HEALTH PLANS 72973 (Effective 1/1/2005)

	Medicare MIND1 ³	Medicare MIND2³	Pre-Medicare MPPO4	Medicare MOA2M	Fre-Wedicare Live Out-of-Area MOOA2
Date of Eligibility	Retired before 10/1/86 Retired before 12/1/89	before 10/1/86 Retired between before 12/1/89 12/1/89 - 12/31/92	Retired after 1/1/93 ⁶	Retired after 1/1/93 ⁶	Retired after 1/1/93 ⁵
Deductible					
In-Network	\$125/person	\$200/person	\$235 ind/\$705 fam	\$235 ind/\$705 fam	\$235 ind/\$705 fam
Out-of-Network ²	N/A	N/A	\$470 ind/\$1410 fam	\$470 ind/\$1410 fam	N/A
Stop Loss					
In-Network	\$175 ind/\$350 fam	\$450 ind/\$900 fam	\$1132 ind/\$2264 fam	\$1132 ind\\$2264 fam	\$1132 ind/\$2264 fam
Out-of-Network ²	ΝΑ	N/A	\$2264 ind/\$4528 fam	\$2264 ind/\$4528 fam	N/A
In-Patient Hospital					
In-Network	%06	%06	%06	%06	%06
Out-of-Network ²	N/A	NA	%08	%08	N/A
Outpatient/Surgery/X-Ray/Lab					
In-Network	100%	100%	100%	100%	100%
Out-of-Network ²	WA	NA	80%	%08	N/A
Misc. Major Medical					
In-Network	80%	80%	80%	80%	80%
Out-of-Network ²	N/A	N/A	70%	%02	NA
Primary Care ⁵	NA	N/A	2%06	2%08	90%7
Preventive (Wellness)	N/A	NA	100%	100%	100%
Prescription					
Retail (Generic/Brand)	\$2/\$3*	\$4/\$7	\$7/\$12	\$7/\$12	\$7/\$12
Mail Order (Generic/Brand)	\$2/\$2**	\$2/\$2	\$3/\$4	\$3/\$4	\$3/\$4
INTRACORP	NA	N/A	Yes	N/A	Yes - Pre-Med Only
EAP	Yes	Yes	Yes	Yes	Yes
Dental/Vision/Hearing	Vision Only ⁴	Vision Only ⁴	Vision Only ⁴	Vision Only⁴	Vísion Only⁴
1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulance/Base, then Maj.Med., Medical Supplies, Oxygen, Podiatrist, Private Dury Nurse, Chiropatic, and Offic eVisits.	edical = PT-Retiree Only, Au	nbulance/Base, then Maj	Med., Medical Supplies, O.	xygen, Podiatrist, Private Duty	
2. Out-of-Netowrk disincentives appy to MD's specialist and hospitals ont part of Select Circle	alist and hospitals ont part of Sel	ect Circle			
3. No PPO benefits or disincentives apply to Medicare participants - BR 70,71, or 72	are participants - BR 70,71, or 73				
4. Benefits same as those benefits prior to 1/1/93					
5. After deductible: - Office visits for PCP paid at 90%, - PCP includes family practitioners, internists, pediatrics and OB/GYN (in-natowrk only), - All other services (X-ray, lab, surter) in PCP office paid at 100%	1%, - PCP incluées family practiti	oners, internists, pediatrics a	and OB/GYN (in-nelowrk only), -	All other services (X-ray,	
6. Deductibles/Stop-loss indexed 5% each year through 2006 for in/out of netowns.	sugh 2006 for in/out of netowrk.				
7. Primary Care Benefit ceases when ee becomes eligible for Medicare.	sligible for Medicare.				
*33 brand/32 Generic and \$2 Mail Order applies to retirees prior to 10/1/86	retirees prior to 10/1/86				DTP012940
34 Abranda & Cenero and 32 Mair Order applies to reures after 10/1/86 and before 12/1/89	to retires after 10/1/55 and peror	e 12/1/89			

DTP012941

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7000	Active BR 001 Live In-Area ⁶	Active BR 001	Pre-Medicare BR 65	Pre-Medicare RR 66
Date of Eligibility	=	Hired before 3/12/01	Retired before 10/1/86 Retired between	Retired between
Deductible			CONT. OLONGO POMOS.	78/15/71 - 60/1/71
In-Network	\$224 ind/\$672 fam	\$224 ind/\$672 fam	\$125/person	\$200/person
Out-of-Network ²	\$448 ind/\$1344 fam	¥X	AN	ASSA
Stop Loss				C _P ,
in-Network	\$1078 ind/\$2155 fam	\$1078 ind/\$2155 fam \$1078 ind/\$2155 fam	\$300 ind/\$600 fam	\$600 ind/\$1200 fam
Out-of-Network ²	\$2155 ind/\$4310 fam	ΥN	NA NA	N/A
In-Patient Hospital				C.
In-Network	%06	%06	%06	%U6
Out-of-Network ²	80%	NA	N/A	NUA
Outpatient/Surgery/X-Ray/Lab				VP.
in-Network	100%	100%	100%	400%
Out-of-Network?	%08	AW	ΔίΝ	WAG
Misc. Major Medical				5
In-Network	80%	80%	80%	80%
Out-of-Network ²	70%	ΑΝ	N/A	NIA
Primary Care ⁵	%06	N/A	2%06	2%05
Preventive (Wellness)	100% in-network only	N.A.	A/A	N/A
Prescription				
Retail (Generic/Brand)	\$7/\$12	\$7/\$12	\$2/\$3*	\$4/\$7
Mail Order (Generic/Brand)	\$5/\$7	\$5/\$7	\$2/\$2*	\$2/52
INTRACORP	Yes	Yes	Yes	Yes
ਰੂਲਤ	Yes	Yes	Yes	Yes
Dental/Vision/Hearing	Asi*	All	Vision Only*	Vision Only*
1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulance/Base, then Maj.Med., Medical Supplies, Oxygen, Podiatrst, Privale Outy Nurse, Chiropetic, and Office Visits.	edical = PT-Retiree Only, An	nbulance/Base, then Maj.	Med., Medical Supplies, Oxy	rgen, Podiatrist, Private
2. Out-of-Netowrk disincentives appy to MD's specialist and hospitals on part of Select Circle	ialist and hospitals ont part of S	elect Circle		
 No PPO Denefits of disincentives apply to Medicare participants - BR 70,71, cr 72 Benefits same as those benefits prior to 1/1/93 	are participants - BR 70,71, or	2.2		
5. After declubilities Office visits for PCP paid at 90% PCP includes family practitioners, internists, pediatrics and OB/GYN (in-netownk only), - All other services (X-lay, surfer) in PCP office paid at 190%.	3% PCP includes family pract	Woners, internists, pediatrics	and OB/GYN (in-netowith only)	All other services (X-
6. Deductibles/Stop-loss indexed 5% each year through 2008 for infout of netownk.	ough 2006 for infout of netownk			
7. Prmary Care Benefit ceases when ee becomes eligible for Medicare.	eligible for Medicare.			
"54 Abrand'S2 Generic and 32 Mail Order applies to retirees prior to 10/1/86	to refree prior to 10/1/86	400		
	ייי יכוייבי פוופו וח זופס פווט ספו	OE 1/27/39		

	Medicare	Medicare	0.0 1.0 1.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		weurarerre
	BR 70³	BR 713	BR 67	meucale 8R 72	Neorcare Live Out-of-Area
Date of Eligibility	Retired before 10/1/86 Retired between Retired before 12/1/89 12/1/89 - 12/31/92	Retired between 12/1/89 - 12/31/92	Retired after 1/1/93 ⁶	Refired after 1/1/93 ⁶	Retired after 17/02
Deductible					ייסווכת פווכו וו מאו
in-Network	\$125/person	\$200/person	\$224 ind/\$672 fam	\$224 ind/\$672 fam	\$224 ind/\$672 fam
Out-of-Network ²	N/A	NA	\$448 ind/\$1344 fam	\$448 ind/\$1344 fam	N/A
Stop Loss					
In-Network	\$175 ind/\$350 fam	\$450 ind/\$900 fam	\$1078 ind/\$2155 fam	\$1078 ind/\$2155 fam	\$1078 ind/\$2155 fan
Out-of-Network ²	N/A	N/A	\$2155 ind/\$4310 fam	\$2155 ind/\$4310 fam	N/A
In-Patient Hospital					C.
in-Network	%06	%06	%06	%06	%06
Out-of-Network?	A.N	N.A.	80%	80%	N/W
Outpatient/Surgery/X-Ray/Lab					VA.
In-Network	100%	100%	100%	100%	100%
Out-of-Network ²	N.A.	N.	80%	ROW.	Vita
Misc. Major Medical					Val
In-Network	80%	80%	80%	80%	80%
Out-of-Network ²	Ϋ́	N/A	70%	70%	AW
Primary Care ⁵	NA	N.A	%06	%06	%0 6
Preventive (Wellness)	NA	WA	100%	100%	100%
Prescription					2/22
Retail (Generic/Brand)	\$2/\$3*	\$4.57	\$7/\$12	\$7/512	\$7/\$12
Mail Order (Generic/Brand)	\$2/\$2**	\$2/\$2	\$3/\$4	\$3/54	53/54
INTRACORP	Z.A	NA	Yes	WA	Yes - Pre-Med Only
EAP	Yes	Yes	Yes	Yes	Yes
Dental/Vision/Hearing	Vision Only*	Vision Only*	Vision Only*	Vision Only*	Vision Only*
1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulance/Base, then Maj.Med., Medical Supplies, Oxygen, Podatrist, Phrate Duly Nurse, Chiropelic, and Offic eVisits.	edical = PT-Retiree Only, An	nbulance/Base, then Maj	.Med., Medical Supplies, Ox	ygen, Podiatrist, Private Duty	
2. Out-of-Netowrk disincentives appy to MD's specialist and hospitals only part of Select Circle	S of they and thospitals ont part of S	elect Circle			
3. No PPO benefits or disincentives apply to Medicare participants - 8R 70,71, or 72	are participants - BR 70,71, or 7	2			
After deductible: Office between 150%. PCP includes family practitioners, internsts, pediatrics and OB/GYN (in-netowns only); - All other services (X-ray, 160, surfer) in PCP office baid at 150%.	0%, - PCP includes tamily practi	Soners, internists, pediatric	s and OB/GYN (in-netowrk only)) All other services (X-ray.	
6. Deductibles/Stop-loss indexed 5% each wear through 2006 for intrait of netrank	much 2006 for intruit of netowork				
7. Primary Care Benefit ceases when ee becomes eligible for Medicare.	etable for Medicare.				
* 53 Brand/\$2 Generic and \$2 Mail Order applies to retirees prior to 10/1/86	o retirees prior to 10/1/86				
* S4 Abrand \$2 Generic and \$2 Mail Order applies to retires after 10/1/186 and before 12/1/189	s to retires after 10/1/86 and bei	ore 12/1/89			

	Active BR 001	Active BR 001	Pre-Medicare	Pre-Medicare
	Live In-Area ⁶	Live Out-of-Area	BR 65	BR 66
Date of Eligibility	Hired before 3/12/01 Hired before 3/12/01	Hired before 3/12/01	Retired before 12/1/89 Retired after 12/1/89	Retired after 12/1/89
Deductible	•			
In-Network	\$204 ind/\$912 fam	\$204 ind/\$912 fam	\$125/person	\$200/person
Out-of-Network ²	\$407 ind/\$1222 fam	NA	NA	NA
Stop Loss				
In-Network	\$977 ind/\$1955 fam	\$977 ind/\$1955 fam	\$300 ind/\$600 fam	\$600 ind/\$1200 fam
Out-of-Network ²	\$1955 ind/\$3909 fam	NA	N/A	NA
In-Patient Hospital				
in-Network	%06	%06	%06	%06
Out-of-Network ²	80%	NA	NA	WA
Outpatient/Surgery/X-Ray/Lab				
In-Network	100%	100%	100%	100%
Out-of-Network ²	%08	NA	NA	NA
Misc. Major Medical				
In-Network	80%	80%	80%	80%
Out-of-Network ²	70%	N/A	NA	N'A
Primary Care ⁵	%06	NA	.%06	2%06
Preventive (Wellness)	100% in-network only	N/A	NA	NA
Prescription				
Retail (Generic/Brand)	\$7/\$12	\$7/\$12	\$2/\$3*	\$4/57
Mail Order (Generic/Brand)	\$5/\$7	\$5/\$7	\$2/\$2	\$2/\$2
INTRACORP	Yes	Yes	Yes	Yes
EAP	yes	Yes	Yes	Yes
Dental/Vision/Hearing	Alf*	Aif	Vision Only	Vision Only*
1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulanca/Base, then Maj Med., Medical Supplies, Oxygen, Podiatrist, Private	edical = PT-Retiree Only, A	mbulance/Base, then Maj.!	Med., Medical Supplies, Oxy	gen, Podiatrist, Private
2 Out-of-Nationary distinguished and One of All Sanacialist and hospitals out part of Salact Circle	for the ord prospitals ont part of	Select Circle		
3. No PPO benefits or disincentives apply to Medicare participants - BR 70,71, or 72	are participants - BR 70,71, or	7.2		
4. Benefits same as those benefits prior to 1/1/93				
5. After deductible Office visits for PCP paid at 90%, - PCP includes family practitioners, internists, pediatrics and OB/SYN (in-nellowin only), - All other services (X-Iray, tab, surfer) in PCP office paid at 100%	0%, - PCP includes family prac	žitioners, internists, pediatrics	and OB/GYN (in-nelowift only), - All other services (X-
6. Deductibles/Stop-loss indexed 5% each year through 2006 for in/out of netowrk.	rough 2006 for in/out of netown	, X,		
7. Primary Care Benefit caases when ee becomes eligible for Medicare.	seligible for Medicare.	C		
* \$3 Brand/\$2 Generic and \$2 Mail Order applies to refines prior to 10/1/86	to refirees prior to 10/1/86			
** S4 Abrand/\$2 Generic and \$2 Mail Order applies to retires after 10/1/96 and before 12/1/89	s to retires after 10/1/86 and be	store 12/1/89		

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Retired before 12/1/68 Retired before 11/1/68 Retired before 11		Medicare BR 70³	Medicare BR 71³	Pre-Medicare BR 67	Medicare BR 72	Medicare Live Out-of-Area
Deductible Exclosion \$125 person \$104 incl\$882 iam \$154 incl\$882 iam \$155 incl\$882	Date of Eligibility	Retired before 12/1/89	Retired after 12/1/89	Retired before 1/1/936	Retired hefore 1/1/03 ⁸	Betired before 414 mas
tin-Network \$125/person \$200/person \$194 ind\$582 fam	Deductible				Per la persona por la persona per la persona persona persona per la persona persona persona per la persona per la persona persona per la persona pers	Camen Deloie 11 1132
Stop Loss WA \$388 ind\$1164 fam \$388 ind\$1164 fam NIA Stop Loss In-Network \$175 ind\$250 fam \$450 ind\$500 fam \$501 ind\$1052 fam \$391 ind\$162 fam NIA In-Network NA NA \$1882 ind\$1724 fam \$5182 ind\$1724 fam \$1802 ind\$1825 fam In-Network NA NA \$1882 ind\$1724 fam \$5182 ind\$1724 fam \$1802 ind\$1825 fam Out-of-Network 50% 90% 90% 90% 90% Out-of-Network 100% 100% 100% 100% 100% Misc. Major Medical NA NA 80% 80% 80% Misc. Major Medical NA NA 100% 100% 100% Primary Care* Misc. Major Medical NA NA 100% 100% Primary Care* Misc. Major Medical NA NA 100% 100% Primary Care* Misc. Major Medical NA NA 100% 100% Primary Care* Out-of-Network NA NA	In-Network	\$125/person	\$200/person	\$194 ind/\$582 fam	\$194 ind/\$582 fam	\$194 ind/\$582 fam
Stop Loss Figure Loss Stop Loss In-Network \$175 ind\$350 fam \$450 ind\$500 fam \$501 ind\$162 fam \$503 ind\$16 fam	Out-of-Network ²	N. A.N.	N/A	\$388 ind/\$1164 fam	\$388 ind/\$4464 form	25 W
In-Network S175 ind\$3260 fam \$450 ind\$3500 fam \$151 ind\$1862 fam \$1831 ind\$1862 fam \$1808	ğ			(m)		W. Y.
In-Patient Hospital	In-Network	\$175 ind/\$350 fam	\$450 ind/\$900 fam	\$931 ind/\$1862 fam	\$931 ind/\$1867 fam	\$931 ind/\$1860 fam
In-Patient Hospital	Out-of-Network ²	N/A	N/A	\$1862 ind(\$3724 fam	\$3867 ind/\$3704 fam	A554
In-Network	In-Patient Hospital				אומר וועראיונים ומוו	XX)
Out-of-Network? N/A N/A N/A N/A Out-of-Network? 100% 100% 100% 100% In-Network 100% 100% 100% 100% Misc. Major Medical* N/A N/A N/A N/A N/A Primary Care* Nu/A N/A 100% 50% 80% 80% Preventive (Nellness) N/A N/A N/A 70% 70% N/A Preventive (Nellness) N/A N/A 100% 90% 90% 90% Preventive (Nellness) N/A N/A N/A 70% 70% N/A Preventive (Nellness) N/A N/A 70% 70% 90% 90% Preventive (Nellness) N/A N/A N/A 70% 70% N/A Preventive (Nellness) N/A N/A N/A 70% 90% 90% 90% Preventive (Nellness) N/A N/A N/A Yes N/A Y	In-Network	%06	%06	%06	%06	7000
Outpatient/Surgery/X-Ray/Lab 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	Out-of-Network ²	NA	A/N	80%	/900	27.27
In-Network	Outpatient/Surgery/X-Ray/Lab				888	N/A
Misc. Major Medical¹ NVA NVA NVA NVA NVA Misc. Major Medical¹ 60% 80% 80% 80% NVA In-Network Out-of-Network² NVA NVA 70% 70% NVA Preventive (Wellness) NNA NVA 70% 90% 90% 90% Preventive (Wellness) NNA NNA NVA 70% 70% 100% Preventive (Wellness) NNA NNA NVA 70% 90% 90% Preventive (Wellness) NNA NNA NVA 70% 100% 90% Preventive (Wellness) NNA NNA NNA 100% 90% 90% 90% Preventive (Wellness) NNA NNA NNA NA	In-Network	100%	100%	100%	100%	100%
Misc. Major Medical¹ 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80%	Out-of-Network ²	NA	N/A	80%	806	200
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Primary Care ⁵ NuA NuA 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%	Out-of-Network ²	NA	N//A	400	200.70	97.79
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Retail (Generic/Brand) \$2/24** \$4/57 \$7/512 \$7/512 \$7/512 Retail (Generic/Brand) \$2/25** \$2/52 \$3/54 \$5/542 \$5/542 INTRACORP NIA NIA NIA Yes NIA Yes	Drocorintion	C 2	KZ.	300%	100%	100%
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MAIL Under (Generic Brand) \$23\$2** \$23\$4 \$33\$4 \$33\$4 \$33\$4 INTRACORP	Retail (Senenc/Brand)	\$2/\$4**	\$4/57	\$7/\$12	\$7/\$12	\$7/\$12
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Pental Wision / Hearing Vision Only Vision	IN I KACOKP	MA	NA	Yes	NA	Yes - Pre-Med Only
Vision Only	747	Yes	Yes	Yes	Yes	Yes
1. After deductible is satisfied (Misc. Major Met 1. After deductible is satisfied (Misc. Major Medical = PT-Retiree Only, Ambulance/Base, then Maj.Med., Medical Supplies, Oxygan, Podiatris, Prinate Dute Nurse, Chiropatic, and Offic eVisits. 2. Out-dividual districtatives apply to Modiatris, Prinate Dute Nurse, Chiropatic, and Offic eVisits. 2. Out-dividual districtatives apply to Medical Supplies of the Special Conference of the Special Supplies of the Special Conference of the Special Supplies of the Special Conference of the Special Supplies of Special Specia	Dental/Vision/Hearing	Vision Only*	Vision Only*	Vision Only*	Vision Only*	Vision Only*
2. Out-of-Natlowrk disincentives appy to MD's specialist and hospitals ont part of Select Circle 3. No PPO benefits or disincentives appy to MGC and select circle 4. Benefits same as those benefits prior to 1/1/53 4. Benefits same as those benefits prior to 1/1/53 5. After deductible: - Office visits for PCP paid at 90%, - PCP includes family practitioners, internists, pediatrics and OB/GYN (in-netowrk only), - All redy. At at 100%, and to 100%, and to 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office to 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and the services (X-ray, lab, surtar) in PCP office paid at 100%, and	 After deductible is satisfied (Misc. Major N Duty Nurse, Chiropatic, and Offic evisits. 	le 1. After deductible is satisfic Podiatrist, Private Duty Nurse.	ed (Misc. Major Medical = Chiropatic, and Offic eVisits.	PT-Retiree Only, Ambulance	Base, then Maj.Med., Medit	cal Supplies, Oxygen,
4. Benefits same as those benefits prior to 1/183 4. Benefits same as those benefits prior to 1/183 4. Benefits same as those benefits prior to 1/183 5. After deductible: - Office visits for PCP paid at 90%, - PCP includes family practitioners, internists, pediatrics and OB/GYN (in-natowrk only), - All fay, sab, surtary) in PCP office paid at 100% 6. Deductibles/Stop-loss indexed 5% each year throle. Deductibles/Stop-loss indexed 5% each year throle in the period of th	2. Out-of-Netowrk disincentives appy to MD's spec	is 2. Out-of-Netowrk disincentives	s appy to MD's specialist and	hospitals out part of Salect Circ	ie	
- After deductible: - Office visits for PCP paid at 90/5. After deductible: - Office visits for PCP paid at 90% PCP includes family practitioners, internists, pediatrics and OB/GYN (in-netowrk only), - All lety, ab, surter) in PCP office paid at 100%. 5. Deductibles/Stop-loss indexed 5% each year throle. Thinary Care Benefit ceases when ee becomes a? Primary Care Benefit ceases when ee becomes a? Primary Care Benefit ceases when each office and \$2 Mail Order applies to 6 \$3 Brand\$2. Generic and \$2 Mail Order applies to 70 Mail Orde	A Renefit come or the transfer	243. No PPO benefits or disincen	tives apply to Medicare parti	dpants - BR 70,71, or 72		
6. Deductibles/Stop-loss indexed 5% each year throl 6. Deductibles/Stop-loss Indexed 5% each year through 2006 for infout of netown. 7. Primary Care Benefit ceases when ee becomes et? Primary Care Benefit ceases when ee becomes eligible for Medicare. • \$3 Brand\$2 Generic and \$2 Mail Order applies to \$3 Brand\$2 Generic and \$2 Mail Order applies to retirees prior to 10/186	5. After deductible: - Office visits for PCP paid at 9 ray, lab, surfer) in PCP office paid at 100%.	65. After deductible: - Office visitorine services (X-ray, lab, surts	is for PCP paid at 90%, - PCI and in PCP office paid at 100%, - PCI	P includes family practitioners, if	temists, pediatrics and OB/GY	N (in-netowrk only), - All
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	* \$3 Brand\$2 Generic and \$2 Mail Order applies to	o * \$3 Brand/\$2 Generic and \$2	Mail Order applies to retrees	prior to 10/1/86		